

Master Primary Policy Number: SI8RU00000-211
Master Excess Policy Number: N/A

Subscribing Member's Certificate Number (Primary): SI8RU00274-211
Renewal of Number: N/A

Subscribing Member's Certificate Number (Excess): N/A
Renewal of Number: N/A



EVEREST.

Everest National Insurance Company
477 Martinsville Road
P.O. Box 830
Liberty Corner, NJ 07938-0830
1-800-438-4375

SUBSCRIBING MEMBER'S CERTIFICATE

**THIS SUBSCRIBING MEMBER'S CERTIFICATE FORMS A PART OF THE MASTER
POLICY FOR "SIG RUNNING EVENT RISK PURCHASING GROUP" LLC. PLEASE READ
THE ATTACHED MASTER POLICY COVERAGE FORM CAREFULLY.**

Item 1. Named Insured and Mailing Address

Stratus Events, LLC
4061 Jefferson Ave.,
Ogden, Utah , United States ,
84403

Agent Name and Address

Nicholas Hill Group, Inc.
1586 S. 21st Street, Suite 200
Colorado Springs, CO 80904

Item 2. Certificate Period

From Aug. 20, 2021 to Aug. 23, 2021
12:01 a.m. standard time at the address stated in Item 1.

Item 3. Form of Business: ☐ Individual ☐ Corporation ☐ Joint Venture ☐ Partnership ☐ LLC ☐ Other

Item 4. Description of Business: SPECIAL EVENTS - DAY TO DAY OPERATIONS EXCLUDED

Group events (running together): See Appendix A: List of Events

Virtual events (participants running solo): See Appendix A: List of Events

Additional Insured:

American Trail Running Association
P.O. Box 9454, Colorado Springs, CO 80932

Including the attached Additional Insured Schedule.

Locations of All Premises You Own, Rent or Occupy:
4061 Jefferson Ave, Ogden, UT 84403, USA

Item 5. Coverage(s) and Limit(s) of Insurance

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS CERTIFICATE AND THE MASTER POLICY, WE AGREE WITH YOU TO PROVIDE THE COVERAGE(S) FOR WHICH PREMIUM IS SHOWN. THE PREMIUMS SHOWN MAY BE SUBJECT TO ADJUSTMENT.

COVERAGE PART				
Commercial Automobile	Coverage	Covered Autos (Entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form shows which autos are covered autos)	Limit	Premium
	Liability		\$N/A	\$N/A
	Personal Injury Protection (Or equivalent No-Fault Coverage)		Separately stated in each P.I.P. endorsement MINUS\$ Deductible.	\$N/A
	Uninsured Motorists		\$N/A	\$N/A
	Underinsured Motorist (When not included in Uninsured Motorists Coverage)		\$N/A	\$N/A
			Total Commercial Automobile Premium* Minimum Premium	\$N/A \$N/A
Commercial General Liability	General Aggregate Limit Products/Completed Operations Aggregate Limit Personal and Advertising Injury Limit Each Occurrence Limit Damage To Premises Rented To You Limit Abuse and Molestation Sublimit Medical Expense Limit		\$2,000,000 \$1,000,000 \$1,000,000 Any one person or organization \$1,000,000 \$300,000 Any one premises \$100,000 Aggregate Limit (excluding Arkansas & Montana) \$N/A Any one person	

		Liability Premium:	\$100.00
		State Tax of Surcharge if applicable:	\$N/A
		Total Liability Charge	\$100.00
Commercial Excess Liability	Each Occurrence Limit	\$N/A	
	Aggregate Limit	\$N/A	
		Excess Liability Premium:	\$N/A
		State Tax or Surcharge (if applicable):	\$N/A
		Total Excess Liability Charge:	\$N/A

Item 6. ENDORSEMENTS ATTACHED TO THIS POLICY:

APPLICABLE STATE AMENDATORY FORMS

ILU 001	05/1997	Common Policy Declarations
ILU 002	05/1989	Designation of Premises Schedule
ILU 003	05/1989	Schedule of Forms and Endorsements
EIL 00 524	09/2011	Minimum Earned Premium
IL 00 21	09/2008	Nuclear Energy Liability Exclusion Endt
IL 09 85	01/2015	Disclosure Pursuant/Terror Risk Insurance Act
EIL 01 510	07/2008	Pollution Changes (all states except AR)
EIL 00 515	03/2007	Signature Page
EIL 00 534	04/2007	Common Policy Conditions
CGU 002	05/1989	Commercial General Liability Schedule
ECG 21 541	07/2002	Total Abuse or Molestation Exclusion
CG 00 01	04/2013	Commercial General Liability Coverage Form
ECG 21 501	05/2000	Known, Continuous or Progressive Injury or Damage Exclusion
ECG 04 704	11/2013	General Liability Enhancement Endorsement
ECG 04 708	01/2014	General Liability Enhancement Endorsement (Florida)
ECG 04 728	08/2014	Limited Abuse or Molestation Coverage (Oregon)
ECG 21 549	07/2002	Exclusion – Punitive Damages, Fines (all states except DE)
ECG 21 623	12/2005	Exclusion – Designated Activities
ECG 21 636	12/2005	Exclusion – Communicable Diseases (all states except CT)
ECG 21 637	12/2005	Total Professional Liability Exclusion (all states except WY)
ECG 22 517	12/2005	Limitation of Coverage to Specifically Designated Events or Premises
ECG 24 550	12/2005	Ltd Contingent Coverage Designated Fireworks Displays
ECG 25 516	12/2005	TX Limit – No Stacking of Occurrence (TX)
ECG 04 711	04/2014	Limited Abuse or Molestation Coverage (all states except AR, MT, OR)

ECG 20 600	05/2009	Addl Insured – Automatic Status When Required In A Written Agreement With You
ECG 22 550	03/2017	Radioactive Matter Exclusion Endorsement (all states except FL)
ECG 25 511	12/2005	Limit – No Stacking of Occurrence Limit (all states except CA, SD, TX)
ECG 25 525	07/2008	SD Limit – No Stacking of Occurrence (SD)
CG 20 01	04/2013	Primary and Noncontributory – Other Insured
CG 20 26	04/2013	Addl Insd – Designated Person/Organization
CG 21 01	11/1985	Exclusion – Athletic or Sports Participants
CG 21 06	05/2014	Excl – Acc/Discl of Confidential or Personal Info
CG 21 09	06/2015	Exclusion – Unmanned Aircraft (Drone)
CG 21 46	07/1998	Abuse or Molestation Exclusion (all states except IL, TX)
CG 21 47	12/2007	EmploymentRelated Practices Exclusion (all states except TX)
CG 21 49	09/1999	Total Pollution Exclusion Endorsement (all states except IL, MN, TX)
CG 21 67	12/2004	Fungi or Bacteria Exclusion (all states except CA, MA, MN)
CG 21 96	03/2005	Silica or SilicaRelated Dust Exclusion
CG 26 39	12/2007	TX Changes – Employment Related Practices Exclusion (TX)
ECG 21 510	12/1999	Absolute Asbestos Exclusion
ECG 21 512	12/1999	Absolute Lead Exclusion (all states except ME, NH, RI)
ECG 00 568	03/2012	Cross Liability Exclusion Endorsement (all states except NH)
ECG 21 624	12/2005	Exclusion – Amusement Devices (w/exception)
ECG 21 714	01/2010	Maine Exclusion – Lead
ECG 563	04/2007	Risk Purchasing Group CGL Declarations
CG 26 46	04/1998	Texas Abuse or Molestation Exclusion (TX)
CG 21 70	01/2015	Cap On Losses From Certified Acts Of Terrorism
ECG 24 548	12/2005	Limited Participant Liability Coverage
ECG 04 1026	04/2019	Cannabis Exclusion (all states except CO, DC, GA, IL, TX)
CG 21 32	05/2009	Communicable Disease Exclusion - Commercial General Liability Coverage Part
ECG 21 536	07/2001	Organic Pathogen, Mold, or Fungus Exclusion
ECG 03 577	03/2018	Fungi or Bacteria Exclusion (With Exception for Legionella Bacterium)
ECG 21 573	12/2003	Exclusion - Bacteria or Fungi (LA)

FREE TRADE ZONE CODE (New York Only):

Countersigned:

Date: April 1, 2021

By: Everest National Insurance Co.
Authorized Representative

THESE CERTIFICATE AND DECLARATIONS OF THE RISK PURCHASING GROUP, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
April 2, 2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Nicholas Hill Group, Inc.
1586 S 21st St,
Colorado Springs, CO 80904

CONTACT NAME
Andrea Slate

PHONE (A/C, No, Ext):
719-694-2595

INSURED
Stratus Events, LLC
4061 Jefferson Ave.,
Ogden, Utah , 84403

EMAIL ADDRESS
andrea@nicholashillgroup.com

INSURER(S) AFFORDING COVERAGE

NAIC

INSURER A : Everest National Insurance Co.

10120

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD INS	SUBR WVD	POLICY NUMBER	POLICY EFF MM/DD/YYYY	POLICY EXP MM/DD/YYYY	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY			SI8RU00274-211	Aug. 20, 2021	Aug. 23, 2021	EACH OCCURRENCE \$1 Million per occurrence / \$2M aggregate limit
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000
							MED EXP (Any one person) N/A
							PERSONAL & ADV INJURY \$1,000,000
							GENERAL AGGREGATE \$2,000,000
							PRODUCTS - COMP/OP AGG \$1,000,000
							LIQUOR LIABILITY N/A
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY OWNED AUTO <input type="checkbox"/> NON OWNED AUTO <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ HIRED NON-OWNED LIAB N/A
	UMBRELLA LIAB <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required).
Certificate holder is added as Additional Insured per form ECG 20 600 – Additional Insured – Automatic Status When Required in a Written Agreement with You and/or CG 20 26 - Additional Insured - Designated Person or Organization on a Primary and Noncontributory basis under this General Liability Insurance and shall include a Waiver of Subrogation in favor of the Additional Insured. Host Liquor Liability included.

CERTIFICATE HOLDER
American Trail Running Association
P.O. Box 9454, Colorado Springs, CO 80932
Including schedule below.

CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE:

Andrea Slate

Additional Insured Schedule: (The following entities are included as Certificate Holders/Additional Insured)

1. Legal Entity (name)	2. Address	3. Special Language or clauses required.
Weber County	444 24th Street, Ogden, UT 84401	

UNITED STATES FIRE INSURANCE COMPANY

Administrative Offices: 5 Christopher Way • Eatontown, NJ 07724

BLANKET ACCIDENT APPLICATION

1. POLICYHOLDER INFORMATION

Applicant/Policyholder (Full Legal Name) Stratus Events, LLC

Address 4061 Jefferson Ave, Ogden, UT 84403, USA

Phone Number 801-920-7561

Type of business or organization Event Organizer

Covered Activities: Racing events on file with the company that are organized and conducted by the Policyholder and sponsored by RUSA, ATRA, or RDHQ.

Duration of Covered Activities: Aug. 20, 2021 to Aug. 23, 2021

2. Requested Effective Date: Aug. 20, 2021

3. Class of Eligible Persons: Participants in Policyholder/Certificate Holder Activities including volunteers and race officials

Estimated number of participants 50.00

4. Description of Benefits: Accidental Death and Dismemberment and Accident Medical Expense Benefit

DESCRIPTION OF BENEFITS –
\$10,000 Excess Accident Medical
Subject to a \$100 per Claim Deductible

PRINCIPAL SUM
\$2,000 Accidental Death, Dismemberment, or Loss of Sight

AGGREGATE LIMIT OF LIABILITY: \$100,000 per covered accident

Rate: \$0.10 per participant

Persons who qualify within the Plans and classes described below are eligible to be insured under the Policy.

The Applicant/Policyholder agrees to the following terms.

1. The Applicant will promptly furnish any records or other information necessary to insure the proper administration of the insurance plans to the Underwriting Company. The Applicant further agrees to allow the Underwriting Company or its Administrator to examine all records that pertain to the insurance plans.
2. The consideration for the requested insurance is the Underwriting Company's acceptance of this application and the Applicant's payment of the required premium when due. Payment of the required premium, if any, after delivery of the policy acts as acceptance of the terms and conditions of the policy.

The Applicant represents that the information provided to the Underwriting Company to determine the terms of the insurance applied for is true and correct and forms the basis of the requested insurance.

The Policy provides limited benefits. Please review your Policy carefully.

IMPORTANT NOTE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ACCEPTANCE:

Andrea Slate - Sales Manager Date: April 2, 2021

(Signature and Title of Applicant's Authorized Representative)

Colorado Springs, Co. Date: April 2, 2021
(City and State)

Accepted by: _____ Date: _____

FOR COMPANY USE ONLY:

Address: _____

SALES OFFICE: _____ BROKER/AGENT: _____

Appendix A: List of Events

Group events (running together):

1. Event name	2. Event location	3. Event start date	4. Event end date	5. Number of anticipated participants	6. Is the race > 26.2 miles; has obstacles or a "run in the dark" event?	7. Anticipated liquor receipts (enter 0 for no coverage, do not enter negative amounts)
Mt. Ogden Marathon	Utah	2021-08-21	2021-08-21	50	No	0

Virtual events (participants running solo):

None

How to Report A Claim

GENERAL LIABILITY & AUTO CLAIMS

The Everest Claims team is dedicated to providing a best in class claim experience through clear communication and a customer first approach. Our team of Casualty and Commercial Auto Claims Specialists work with you for the life of the claim and are available to respond to all questions and concerns. Timely submission of Loss Notices complies with the terms and conditions of your policy and assists us in providing quality service to our policyholders. Any claim or circumstance which may reasonably be expected to give rise to a claim needs to be reported to Everest as soon as possible.

The following methods are available 24 hours to promptly report a claim:

General Liability

Email Claim Reporting:

5201EverestNational@sedgwick.com

Toll-Free PHONE Reporting: 1-800-267-1676

Toll-Free FAX Reporting: 1-866-579-9969

Commercial Auto

Email Claim Reporting:

EverestAutoClaims@everestre.com

Toll-Free PHONE Reporting: 1-833-916-0055

PLEASE FOLLOW THE FOLLOWING STEPS IMMEDIATELY AFTER A LOSS:

- 1. Obtain the Facts:** Find out as much as you can about the incident.
- 2. Gather All Supporting Information:** Obtain as much supplemental information as you can before you report the claim:

Policy Number

Name, address, phone

Date of Loss

Loss location

- 3. Report the Claim Immediately and Please Provide Your Policy Number:** Don't delay in calling because you don't have all the information. Timely reporting is essential. You can gather and report any missing information at a later date.